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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000555 (0)

1. Corporation Name
LOEWEN GROUP INC.



Principal Place of Business: 50 E RIVER CENTER BLVD #800 COVINGTON KY 41011
Mailing Address: 50 E RIVER CENTER BLVD #800 COVINGTON KY 41011-1650

3. Date Incorporated or Qualified: 02/01/1996
3a. Date of Last Report: [blank]
4. FEI Number: 61-1206758
Applied For: Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: [blank]
22 City & State: 23 Burnaby, B.C.
24 Zip: 25 V5G 3S8
26. Mailing Address: 26 4126 Norland Avenue
27 Suite, Apt. #, etc.: [blank]
28 City & State: 28 Burnaby, B.C.
29 Zip: 29 V5G 3S8
30 Country: 30 Canada

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: [blank]
82 Street Address (P.O. Box Number is Not Acceptable): [blank]
83 [blank]
84 City: [blank]
85 Zip Code: FL [blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [blank] (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and DELETE checkbox. Rows include LOEWEN, RAYMOND L; HYNDMAN, PETER S; HOGENKAMP, TIMOTHY R; CASHNER, JEFFREY; MAYES, HERBERT A; SCHAEFER, F. DUANE.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. Rows include AS Timothy A. Birch; AS Craig R. Bush; VP Michael Stache; S/T Michael L. Schweer; AS H. Christopher Middleton; AS Paula McNaughton.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter S. Hyndman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/13/97
Daytime Phone #: (604) 299-9321

CR2E034 (9/96)